DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

| INSPECTION REPORT | | | | | | | | | |
|---|--|---------------------------------|----------------------|--|--|--|--|--|--|
| REA | | 200.58 | a department in | | | | | | |
| Regular | SON GRADE Inspection Date: ESTABLISHMENT NAME: STABLISHMENT NAME: RITIDIAN MARKET | | | | | | | | |
| Follow-Up | Time In Time Out OWNER/OPERATOR: | HOW | STURN GUS | | | | | | |
| Complain | | dolare breve | Table Day | | | | | | |
| Investigat | tion RATING LOCATION: Establishm | ent Type: | mame morti. E | | | | | | |
| Other: | Other: Sanitary Permit No.: HOUGE ANIA ANA MACHANAD MANUFACTURER | | | | | | | | |
| The following | PERMIT STATUS: Valid Ter ing items identify violations found this day in the operations and facilities which must be corrected by | mporary _ | Expired | | | | | | |
| or sooner, | as the Department indicates. Non-compliance may result in downgrading or permit suspension. T | by the next in: o appeal a v | spection, written | | | | | | |
| request for | hearing must be submitted before the indicated correction date. | not another | n utsemment st | | | | | | |
| ITEM* | REMARKS | DEMERIT | CORRECT BY | | | | | | |
| and the second | AN INVESTIGIATION AND INSPECTION WAS CONDUCTED | | | | | | | | |
| | BASED ON COMPLAINT # 16-004A OF ESTABLISHMENT | 789 01 78 | | | | | | | |
| and the same of | SELLING OUTDATIEND ITEMS SUCH AS YAN YANS EJEUY | Posts in the | instruction 0. | | | | | | |
| | TOGETHER WITH OTHER ITEMS. ALGO, BAD SMULL | | galphora Kar | | | | | | |
| 2 | ONTSIDE THE STORE. | | | | | | | | |
| | PREVIOUS INSPECTION WAS CONDUCTED ON 3/12/13/ | (1) | intoto na iliak dir | | | | | | |
| | FRE 100 - 117 PECTOT 1 107 - 2001 1 10 3/2/3/ | 9/A) | | | | | | | |
| #3 | POTENTIALLY HAZARDS FOOD STORED AN COUNTER | 6 | parvirolização | | | | | | |
| | DOES NOT MEET PROPER TEMPERATURES. | | | | | | | | |
| | TUNA SANDWICH - 75.4°F | s Juliant | udence in Air | | | | | | |
| A Sancill | CRAB KELAGUEN - 76.5°F | | | | | | | | |
| or or second | HAM & OHEESE GANDWICH - 75.5°F | S appropriate | beatty all \$2 | | | | | | |
| | SPAM & SUSHI ROLL - 76.090F | a barraci | and the second | | | | | | |
| | ARROZCAM20 - 834 | de na Rev | representative | | | | | | |
| | HOT BOG SANDWICH - 75.9°F | | | | | | | | |
| | RED RICE / GGS, BLEEF - 79°F | AND THE REAL PROPERTY. | | | | | | | |
| | WHITE PLOE, SPAM, EGGS, MIGHT - 80.49 | | | | | | | | |
| | ALL POTENTIAN HAZARDOUS FOOD SHALL BE KEPT | | | | | | | | |
| AT 41°F OR BELOW (FOR COLD FOOD) OR 140°F OR | | | | | | | | | |
| ABOVE (FOR HOT FOOD) TO PREVENT THE PAPID | | | | | | | | | |
| | GROWTH OF BACTERIA. | | PETAN | | | | | | |
| M. LEWISH | CURASA Lifetia Crydlilludou 1 C 1 paleira nimi berbin | mi 5 kg + j | Por Neiswick | | | | | | |
| EL SA | MANUS ISBN F 18 TE | | A apropried AT | | | | | | |
| I have read and understand the above violation(s) and I am aware of the corrective measures that I must take. | | | | | | | | | |
| | When any of the following items are above, they shall be corrected within | 00 / | 12/2 hou | | | | | | |
| O,CG | 10 days of this inspection: DEH Inspector (Name & Title): | 111 | 0/0/000 | | | | | | |
| (1), (3), | (11), (12), (27), (28), (30), (41) & (45). [APTOLINE DUENTS PHOT | 1// | | | | | | | |

| 531 | LILI LIA | 7.7 | MUTAVA | LI DIE 6 | | INS | PECTION REPORT | | | |
|--------------------------------------|--|-------|-----------------------|-------------------|-------------|---------|--|--------|------------------|--|
| | SON | 1 | GRADE | 1 1 | on Date: | agin. | ESTABLISHMENT NAME: | | briuge sou | ou answering 1 |
| Regular | V | | | 1 / / / | 3/10 | TOTAL | RITIDAN MARKET | el VII | ogowi mmzi | ama lementi (S |
| Follow-U | | | | 10 2 11 DI UT 187 | Attendands | | OWNER/OPERATOR: RITIDIAN CORPORATION | - | | |
| Investiga | | | RATING | 12:00 | pm 5/1 | 9 | LOCATION: # 3000 CANTA Foren | licha | ont Type: | TOWNS AND STREET |
| Other: | | | 112 | Sanitary | Permit | 40.: | LOCATION: # 3096 SANTA ESTABLE AND MACHANAO, DEDEDO | M | ANVIAC | TURER |
| | | | 7/ | 2000 | 0-1 322 | 20 | PERMIT STATUS: Valid | Ter | mporary | Expired |
| The follow | ing items | s ide | entify violati | ons found | this day in | the | operations and facilities which must be corre- nay result in downgrading or permit suspension | cted t | by the next in | spection, |
| request for | r hearing | mu | st be subm | itted befor | e the indic | ated | correction date. | ו .חכ | o appeai, a v | vritten |
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| #16 | - | - | | | | 10.7.11 | LANUFACTURING AREAS | 1121 | 2 | The state of the s |
| | The state of the s | | | | | _ | RSANT HOMS & tOOD | (4.14) | O Jobs able | B Joudin bris |
| #17 | tou | ULF | MENT | -/9V | PUE. | 2 | NO SAN MZING TEST K | IT | a jevnac | National St. |
| | Pre | N | DED. | avoir | AHAHIP | | 20176 An enumacioni | DOWN | Company was | o maryway |
| a | PROTH WAREWASHING STATIONS SHALL BE KUESSIBLE | | | | | | | | | |
| | AND PROVIDED WITH SANITIZING TEST KIT TO | | | | | | | | | |
| 0 | PROPERLY WASH, RINGE, AND SANITIZE FOOD | | | | | | | | | |
| reside t | LOUIPHENT AND UTENSILS. | | | | | | | | | |
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| | MARKS LOCATED IN THE MANUFACTURING AREA. | | | | | | | | | |
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| ABRAGION TO ENSURE THEY ARE PROPERLY | | | | | | | | | | |
| | | | | | | |) and I am aware of the corrective me | ∍asu | ires that I n | nust take. |
| | | | y of the fey shall be | | | | Received By (Name & Title): | 1 | or t | BLANK |
| | | | of this in | | | | QEH Inspector (Name & Title): | - | 1/ | 10010 |
| (1), (3), | (11), (| 12) | (27), (28 |), (30), (| 41) & (4 | 5). | CATHORINE DUENAS, E | PHE | IN | 8 |
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| INSPECTION REPORT | | | | | | | | | | | | |
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| Regular Follow-Up | . + | V | 1 | Time la la | <i>V</i> | | DIEN | MAG | 2KET | Daylog A | ainer, Propa | mon inniumezi - \$1 |
| Complain | _ | 7 | 1/ | 100 | ime Out | DIT | OPERATO | NACO | 21040 | N | | |
| Investigat | _ | V | RATING | 2:00pm 1 | Silop | LOCATIO | NULL TO | 6 SA | NTALE | ot ablish a | ant Tunes | (1.10/0/10/0/1 |
| Other: | | | | | | | | | | REP | | |
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| The followi | he following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, r sooner, as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written | | | | | | | | | | | |
| or sooner, | as the | e Depa | artment indic | cates. Non-cor itted before the | npliance m | nay result in | downgradin | ng or pe | ermit susp | ension. T | o appeal, a v | vritten |
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| INSPECTION REPORT | | | | | | | | | | | |
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| Regular | 4 | / | 10 | | 6 | | DIAN | MARK | ET | MOSCOTT WAY | for lamenal tool |
| Follow-Up | - | 1 | | THE SHARE THE CASE OF THE SAME | | OWNER/C | | | mal | MON | FICHELPON. |
| Complaint Investigation | 7 | /_ | RATING | 200pm | 5:10pm | 1200 | VIKNO | ORPORA | 71001 | U BOM Stonigs | al vinesmento sign |
| Other: | " | - | KATING | Sanitary Pe | ermit No | LOCATION | 1: 1050 | MULT | Establis | hment Type: | 7000 |
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| The following | g ite | ems id | entify violation | ons found this | s day in the | operations a | nd facilities v | which must | be correcte | ed by the next in | spection. |
| or sooner, a | s th | e Dep | artment indic | ates. Non-co | ompliance m | nay result in | downgrading | or permit s | uspension | . To appeal, a v | vritten |
| request for I | ear | ing m | ust be submi | tted before th | | correction da | te. | bawa | utt vheger | ne arcouse to out p | n yuşanı soğal (187 |
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| 9 | | 79.4 | | 3 | | FBAT - | | | | | date englette over |
| have read and understand the above violation(s) and I am aware of the corrective measures that I must take. | | | | | | | | | | | |
| *Note: When any of the following items are Received By (Name & Title): | | | | | | | | | | | |
| | oov | e, the | ey shall be | corrected | | | Ock | Hee | Let | 5 | 13/2018 |
| (1) (0) | | | s of this in: | The state of the s | | DEH Inspe | ctor (Name | & Title): | w 1- | NIO O T | 1/2 |
| (1), (3), (| 11) | (12) | 1, (27), (28) |), (30), (41 |) & (45). | Mr 111 | WINE | puen | UKS /E | PHOI | |

| REA | ASON | GRADE | Inspection | Date: | ESTABLISHMENT, NAME: | | |
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| Regular | 1 | | 53 | 10 | PHILDIAN MAPHET | | |
| Follow-U | | 4// | Time In | Time Out | OWNER/OPERATOR: | VIDE I | AT DESTRUCT |
| Complain | - | | 2:00 PM | 5:10A | RITIDIAN CORPORATION | bert Luikuw | of vital spinsons 1 |
| Investigation | tion | RATING | Sanitary De | | LUCATION: 1000 AND IN Establish | ment Type: | 2 1200 |
| | | 4/ | Sanitary Pe | 2000 | PERMIT STATUS: Valid T | | |
| The follow | ing items i | dentify violation | ons found this | day in the | operations and facilities which must be corrected | emporary _ | Expired |
| or sooner, | as the De | partment indic | cates. Non-co | impliance r | may result in downgrading or permit suspension | To appeal, a | vritten |
| ITEM* | nearing n | nust be submi | itted before th | e indicated MARKS | correction date. | Special contracts | nyndronasi, a |
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| | above, th | ey shall be | corrected v | | DOLL Hee | 100 | 43601 |
| 12 | 10 day | s of this ins | spection: | | DEH Inspector (Name & Title): | 8 | 1-1-10 |
| (1), (3), | (11), (12) |), (27), (28) | , (30), (41) | | KATHERINE DUENAS LEPHE | I | |
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| 10411 | 1 4-20 | JAN | POT STA | Li bot Bel | INS | PECTION REPORT | | | |
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| Regular | | / | | 53 | 16 | RITIDIAN MARK | ET | | |
| Follow-U | р | | | Time in | Time Out | OWNER/OPERATOR: | | ALL TE | A Oteruba |
| Complair | nt | V | V | OTODON | 4100 | ROTIDIAN COR | PARATION | not strong for | of Manager and Manager |
| Investiga | tion | | RATING | | 1010 | | | ent Type: | dienanuceni k |
| Other: | | rinanan a | 12 | Sanitary F | ermit No.: | MARKANADIE | MAIN CORDINAR | VUFKOR | RER |
| | | | 4 | 20000- | 19000 | PERMIT STATUS: | Valid Ter | nporary _ | Expired |
| The follow | ing it | ems id | entify violati | ons found th | is day in the | operations and facilities which | must be corrected b | y the next in | spection. |
| or sooner, | as th | e Dep | artment indic | cates. Non- | compliance r | nay result in downgrading or pe | rmit suspension. T | o appeal, a v | vritten |
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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM P. O. BOX 2816 HAGATNA, GUAM 96932



Establishment Representative

| | Date: 5316 |
|---|--|
| PUTIDIAN MARKET CMAN | VEXAURER) |
| Name of Establishment | |
| As a result of this inspection, your establishment r | received a: |
| ☐ LETTER OF WARNING | |
| | (Demerit/Grade Points) |
| us a written request for re-inspection to implemented. If we do not receive a written | ed on your establishment's inspection report, you must provide include a description of the corrective measures that you have an re-inspection request from you, we will conduct a follow-up of Guam working days from the official receipt of this notice to taken. |
| Failure to correct violations may result in to of 10GCA, Chapter 21. | the closure of your establishment pursuant to section 21109(b) |
| NOTICE OF CLOSURE | (Dement/Grade Points) |
| us a written request for re-inspection to implemented. Unlike an establishmen remain closed unless a written request if | ed on your establishment's inspection report, you should provide a include a description of the corrective measures that you have t who has received a letter of warning, an establishment shall for re-inspection is made. Under 10GCA §21109(b), you may arment of Guam working days of the date of this notice. |
| We look forward to working closely with you as p further assistance, you can reach us at 735-7215 | artners in promoting health and sanitary practices on Guam. If you need or (fax) 734-5556. Si Yu'us Ma'ase. |
| | Sincerely. TAMES W. GULAN |
| 14 | Director |
| Issued By: KATHERINE BUENKS, E | PHOI Received By: OCK SHEE LEE, PIC |

Name of Inspector